

Myth, Stereotype and Illness: It's Effect on Human Life

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Abstract

Myths and stereotypical notions on disease shape identities. This is particularly so in the case of the notions related to mental illness and STIs. Prevalent social stereotypes related to these diseases represent cultural lore which is complemented by different myths handed down by elders or other authorities of the society. Unfortunately the myths and stereotypes of these diseases often lead to stigma. Stigma creates fear and negative attitude towards the stigmatized in society. It affects the whole society and impacts the lives of the stigmatized. In this paper, I have tried to evaluate how myths and stereotypes related to diseases like mental illness and syphilis generate public stigma leading to the internalization of a sense of low self esteem, social rejection, discrimination, isolation and finally to withdrawal and therefore of aggravation of the disease itself. Taking into account the socially constructed ideas centering round diseases, the paper uses the life narrative of Raza Ali who belongs to Tezpur, Assam to analyze the powerful hold that myths and stereotypes have over our lives.

Keywords: Myth, Stereotype, Mental illness, Syphilis, Stigma.

1. Introduction

While the biological root of diseases is indubitable, thinkers have noted diseases take on a different meaning depending on socio-historical context. According to social-labeling theorists, the mentally ill are labeled as deviants by society; they are seen as people who have failed in the process of socialization. Becker says, "Social groups create deviance by making the rules when infraction constitutes deviance and by applying their rules to particular people and labeling them as outsiders" (Becker, 1963:9). Generally the people who are thought to be mentally ill are those who practice alternative lifestyles, thereby breaking the rules of a particular society. The understanding of what constitutes 'abnormality' may be different from one society to another; in other words, what is abnormal for one society or culture may be normal for another. 'Madness' is therefore as much a social construction as it is biological. Traditional beliefs, folklore, myth, metaphor, and social stereotyping play a dominant role in constructing notions related to diseases like syphilis, HIV/AIDS, mental illness almost in all societies. Indian society has been traditionally dominated by myths and legends. Sudhir Kakar says, "The Indian child is encouraged to continue to live in a mythical, magical world for a long time without much pressure on him to develop logical modes of thinking and communication" (Kakar, 2011: xxvii). Myths and stereotypical notions related to diseases in general and mental illnesses in particular, exist among the Indian community. In traditional belief systems mental illness is construed as a form of supernatural possession and evil spirits

are thought to be the cause of mental illness in many societies in India. Sometimes sinful acts amounting to violation of God's decree are considered to be the cause of diseases like mental illness or sexually transmitted diseases. Some common myths connected to mental illness are mentally disturbed people can always be recognized by their deviant abnormal behavior, mentally ill people can never be cured and will never be able to function normally or hold jobs in community, the mentally ill have inherited their disorders, people become mentally ill because they are weak-willed, mentally ill people are unstable and potentially dangerous, people with mental illness are likely to be more depressed in winter (Sue, Wing Su, Sanly, 2010:14).

“Stereotypes are beliefs and characteristics of groups of individual (for instance ,that women are emotional as that college professors are absent minded), and stereotyping is the application of these stereotypes when we interact with people from a given social group” (Stangore,2000:1). Stereotypes attribute negative characteristics to the persons labeled as socially deviant or mentally ill or persons with contagious diseases, thereby separating ‘them’ from ‘us’. The social cognitive model views stereotypes as knowledge structures representing collectively agreed upon notions of members of groups (Helton and Von Hippel, 1996; Judd and Park, 1993). Stereotypical notions make categorization and help in creation of this marginalized group in society. Media plays a great role in portraying the mentally ill people as always dangerous, violent, and so on and creates stereotypical notions of mental illness. Thus, myths and stereotypical notions add to the stigma associated with mental illness and other diseases.

Stigma is a serious obstruction for the wellbeing of the person who faces such an experience. Goffman illustrated that the ancient Greeks came up with the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier (Goffman, 1963:4). Elliot and others define stigma as a form of deviance that leads others to judge an individual as ineligible to participate in social interaction. This is because of the perception of lack of proficiency to interact with society which is influenced by the person's dangerousness and unpredictability. Stigma is a “collection of negative attitudes, beliefs, thoughts, and behaviors that influence the individual, or the general public, to fear, reject, avoid, be prejudiced and discriminate people.”(Gary, 2005 a: 980).

Stigma is a social construct and it seriously impacts patients and families alike. Stigmatized persons are regarded as people who have lost social value and are “spoiled” forever. It could be conceived as a rational construct which can be changed according to time and society (Florez, 2008). Stigma is a serious problem and a barrier for achieving life-goals for those with mental illness or sexually transmitted disease. Stigma is a phenomenon associated with many chronic health conditions, including leprosy, HIV/AIDS/STD, mental illness, epilepsy, disability and tuberculosis. Stigma has long been associated with sexually transmitted infections (STI). For example syphilis, has been stigmatized through ascription of sexual surfeit, immorality and social deviance throughout history (Gilman 1988), and the association of syphilis and other STIs with sexual immorality continued even after doctors came up with antibiotics to treat it early in the twentieth century (Brandt 1987).

2. Rude Awakening

On 24th October 2010, there was a hue and cry near my house. The doors of my neighbors were locked and they were all running to see something interesting. As I was curious, I asked a person about the reason behind the noise and he said to me, “Don't you know that thanks to the media, Raza Ali, the *Pagal* (mad) is being unlocked after seven years and now he will be taken to the mental hospital?” Immediately I ran towards the place of gathering. There I saw a huge crowd of people, including media persons and police.

I made my way through the crowd and managed to get near the person who was the centre of interest. I saw a young man, fair, around 6 feet in height, with a sharp nose, long beard and hair, around 38 years old, being brought out of a room. He was tied with many ropes and he was pulled by 7-8 young men. He (Raza Ali) was repeatedly shouting “Why have you tied me

like a dog?" The room from where he was dragged out was a small room with a single door and a small hole, through which (as I later came to know) food and water were supplied to him. The crowd looked at Raza fearfully, while the media personnel were busy taking photographs. Some cameramen were running behind him. Somebody from the crowd shouted, asking to maintain distance lest he attacks someone.

There was nothing about Raza that made me believe that he could be violent. He was very calm and being confined inside a room for a long time, his eyes, unable to withstand the sunlight, were moist. It required a lot of force to drag Raza and he was carried in a van to the institute of mental health (LGBRIMH), Tezpur which is situated at a distance of about half a kilometer from the house of the patient. There was just a PWD road that separated Raza's house from the mental hospital. All the leading news channels of Assam aired the story of Raza with videos on that very evening. The videos showed Raza with a long beard and moustache, long and unkempt hair, dirty garments and tied with seven or eight ropes. Seven months I came to learn that he was released from LGBRIMH and that he was completely cured. A month later, I came to know that Raza Ali was once again locked up inside his house by his relatives.

I tried to reconstruct Raza's life with the help of the narratives that I gathered from different people – his neighbors, family members and mental health professionals related to his treatment. I adopted the method of direct observation in the study.

3. The Narrative of the Psychiatrist

The narrative of the psychiatrist at LGBRIMH was that Raza was suffering from Schizophrenia and showed corresponding symptoms of irritability, restlessness, violence and sleeplessness. He had a good memory. He did not display any violent behavior during his period of hospitalization. He was kept in the general ward along with other patients. His appeared to be completely cured when he was discharged. He did not want to go back home and so they had to keep him there in the hospital for around seven months instead of the stipulated three months of maximum stay permitted by the rules of the hospital. After discharge, he was not brought for the necessary follow-ups to the hospital in spite of the family members being instructed to do so.

4. The Narrative of the Neighbour

Raza was a very dynamic boy. He represented the district in hockey tournaments. He was very fit and had a pleasing personality. He was the youngest son of his parents. He lived with his three elder brothers and their wives in the same compound but under a different roof. His father died a long time back. Rekib, Raza's elder brother is unemployed. But the other two brothers are employees of the state government. After completing his graduation, Raza searched for a job and finally he found one in a Match factory in the Dhubri district of Assam. He was not satisfied with this job. After some years, he came back, quitting the job. He was frustrated because of his unemployment as all his friends were employed in the government sector.

Gradually, he became very talkative. The family members found his talkativeness to be the first disconcerting symptom. They employed the services of a maulavi (Muslim religious priests) and offered prayers. But they did not get any positive result from this. Finally, his elder brother took him to the LGBRIMH. In the Institute he was provided drugs and his blood was sent for VDRL test where he was diagnosed as suffering from syphilis. His brother informed people that Raza was suffering from AIDS. His family members wanted to keep him in the Institute but the authorities refused to hospitalize him as they did not have a separate place for a mentally ill patient with syphilis.

Gradually all his friends started to avoid him; the barber refused to cut his hair and the neighbors stayed away from him. He became irritable, lazy, frustrated, and gave up the business which he had started later after quitting the job. Family members were afraid of

picking up the disease through contact. Nobody was there to look after Raza. He was then locked in the room by his family members. Food was supplied from outside in disposable plates and nobody entered his room. Sometimes, all by himself, he shouted in pain.

Raza's mother died in grief. He was not informed when his mother died. Finally his neighbours, who were irritated by his shouts, informed the media about his confinement and requested the LGBRIMH to hospitalize him. The hospital authorities admitted him for treatment which lasted for seven months. He was then totally cured of syphilis. After leaving the hospital he appeared to be completely cured and he could recognize everybody. However, he hesitated in going out. He did go to the nearest shop one or two times daily to buy betel-nut. But the barber continued to refuse to oblige him. Raza refused to sleep in the room where he was earlier locked. He said that he wanted to live in the room where he had lived before with his mother. Two of his elder brothers, sister-in-law, and niece, live in this main house. They did not allow him to enter his room. So they kept him locked inside another room.

5. The Narratives of the Family Members

Rebina, one of Raza's sister-in-laws told, "Raza was a good boy. He left his job because he was transferred to Bihar and he did not want to live away from his mother as she was very fond of him. He had quite a lot of money when he left the job. He got my daughter admitted in a private school. But gradually when he became ill, he had to be treated in the mental hospital. The hospital provided medicine and then it was discovered that he was diagnosed with syphilis. Later on he became more violent and used to roam here and there. We locked him up because we were afraid of him as he was suffering from this disease (syphilis). The doctor said that the disease is contagious. He became more dangerous and violent after being infected by this disease. He had surely committed some sin for which God has given him this suffering. So the doctor refused to hospitalize him. So how could we allow this person to roam freely? So we locked him up. This time, after being discharged from the hospital, he was no more infected by syphilis. In spite of this, people do not like to interact with him. He wants to live in this room near mine and always craves for more and more food. He became madder than before. I live alone throughout the day in this campus. If he attempts to kill me, who will come to my rescue? Till date he has not done any harm to me but I am afraid of him. There is no body here that can take him to the hospital. In any case, the hospital will again discharge him after three months. Who will look after him after that? He will die like this."

Raza's second elder brother, Fateh and his wife Zerina who live in a house just in front of Raza's room in the same campus said "Media is in my hand so I can control it now. But for how long? I can't do anything alone because it is a joint family..."

Rekib told, 'Raza has a property of around 5 lakh .My relatives advised me to sell the property on his behalf. But how can I sell it now as he is alive?'

Predictably, I faced a lot of problems while trying to collect the narratives of the family members who uncooperative. It seemed to me that were trying to hide something. Though they live in the same campus, their views differed from each other to a great extent.

6. The Location

Tezpur is a sleepy town situated in the Sonitpur district of Assam. As per the data from the National Survey of Mental Health Resources conducted by the Directorate General of Health Services, Ministry of Health and Family welfare, Government of India in 2002, which is published in the Annual Report (2008-2009) of LGBRIMH, Tezpur, the total population of North East region was approximately 40 million and out of these about 3,85,000 people were estimated to suffer from major mental illness while about 19,25,000 were estimated to have minor mental disorder. Lokapriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur was set up in the year 1876, in the state of Assam, as 'Tezpur Lunatic Asylum' during the British rule. It is the only government aided institute to provide mental health care to the

people of North East India. For a long time now, many people from all over North East India have benefited from the services rendered by this institution

7. The Analysis

When I analyze the case study and juxtapose the narratives, it is seen that Raza suffered from syphilis and was unemployed. He was under stress to cope with the stigma of syphilis. His unemployment led him to a helpless condition as he was very ambitious as seen in the narratives. Raza's illness was blown up in the society and his friends, neighbors and the other members of the society who gradually started to avoid him. His family members were also affected by the stigma associated with schizophrenia and syphilis. The label of stigma is muggy and infectious. It is sticky because it stays long after the original cause has vanished and is infectious because it speedily reaches to everyone in the 'neighbourhood', be it a family member, the caregiver or even the treating physician. The social avoidance and negligence led Raza to self-disdain. Raza internalized the stigma even as the public stigma continued. He thus lost his self-esteem, self-efficacy, empowerment, morale and maintained social distance. He was doubly stigmatized as suffering from syphilis and discriminated against by stereotypical notions of mental illness. All these associated him with a "sinful" life. The impact of myth and stereotypical notion on Raza's life has been seen clearly in this study. The myth that mental illness or syphilis is caused by sinful acts of the past is very strong in many societies of Assam. That it has not been eradicated by the advent of 'modernity' is reflected in the narratives of Raza's family members. The stereotypical notions of the mentally ill as dangerous and violent are also very strong in the minds of people of Assam. The media always played a crucial role in strengthening the stereotypical notions of the mentally ill as bizarre, violent by presenting footages that showed him wearing dirty clothes and being tied with ropes, thereby portraying his dangerousness and inability to conduct himself properly. Thus wrong images of mental illness remain strong in the minds of the people of Assam. Raza to me appeared to be quite patient and calm and he was dirty as he was confined for seven years.

Keeping Raza locked up for such a long period by his brothers and his brother-in-law who said 'He will die like this' hints at the fact that the fabrication and strengthening of the myths and stereotypes in this case are expressive of the desire to usurp Raza's landed property. All the neighbours vouched that after a point of time he appeared to be cured and could recall everyone's names and events of his past life; he talked 'normally' with the shopkeeper and the psychiatrists were of the opinion that he was totally cured. His social isolation and confinement in terrible conditions made his life pathetic and vicious. The neighbours confided that one of his elder brothers who is unemployed particularly covets Raza's wealth and so they together constructed a strange, bizarre and horrible picture of him. So the economic factor played a major role in the construction of the disease.

On the other hand, the neighbor's role in getting Raza admitted to LGBRIMH shows a positive response toward mental illness to some extent. It is also observed that people discriminate against patients with Sexually Transmitted Infections more strongly than they do with patients with mental illness. So there is a classification and hierarchization of diseases in terms of their relative acceptability.

Raza internalized the fear of social isolation and rejection and also the fear of confinement as he did not want to return home from the institute and after coming back he did not wish to interact with his neighbours. Though biology defeated Raza, the social factors like unemployment, myths, and stereotypes made his life unbearable. His ferocity and dangerousness was constructed and publicized.

Note: The name is used differently to maintain confidentiality in this paper. But the names of the places are same with original one.

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